| PATENT APPLICATION FEE DETERMINATION RECORD  Effective Movember 10, 1998  Application or Docket Number  09/6/635   |                 |          |   |              |        |   |                  |       |              |  |        |            |                        |       |
|--|-----------------|----------|---|--------------|--------|---|------------------|-------|--------------|--|--------|------------|------------------------|-------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |                 |          |   |              |        |   |                  |       |              | ENTITY   | OR     | OTHE       | R THAN                 |       |
| Æ  | R               |          | NUMBER FILED                                  |              |        | NUMBER EXTRA  |                  |       | RATE         |  | 7      | RATE       | ENTITY<br>FEE          | 4     |
| ВА   | BIC FEE         |          |   |              |        |   |                  |       |              | OR   |        | 1          | 1                      |       |
| 10   | TAL CLAIMS      | •        | minus-20 <sub>P</sub> •                       |              |        |   |                  |       |              | 1  | OR     |            | <del> </del>           | 1     |
| NO.  | EPENDENT CL     | AIMS     | minus 3 = *                                   |              |        |   |                  |       |              | 1  | 1      |            | <del> </del> -         | A     |
| KU   | LTIPLE DEPEN    | DENT     | CLAIM PREBENT                                 |              |        |   |                  |       |              | $\!\!\!+\!\!\!\!\!-$                             | OR     |            | <del> </del>           | Ç     |
| If the difference in column 1 is less than zero, enter "0" in column 2   |                 |          |   |              |        |   |                  |       |              |  | TOR    |            |                        | ۲.    |
| 5/27/05CLAIMS AS AMENDED - PART II   |                 |          |   |              |        |   |                  |       | TOTAL        | <u> </u>   | JOR    |            |                        | H     |
| 5/27/6/CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |                 |          |   |              |        |   |                  | _     | ·SMALI       | ENTITY   | OR     |            | THAN<br>ENTITY         | AR    |
| AMENDMENTA   |                 | RE       | LAMS<br>MAINING<br>FTER<br>NOMENT             |              | PI     | RICHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR              | PRESENT<br>EXTRA |       | PRATE        | ADDI-<br>TIONAL<br>FEE                           |        | RATE       | ADDI-<br>TIONAL<br>FEE | IIV/V |
| 5  | Total           | •        | X   | Minus        | 44     | 20  | .~               |       |              |  | OR     |            |                        |       |
| 9  | Independent     | •        | 2   | Minus        | 44     | 3   | ه نـ             |       |              | 1  | OR     |            |                        | DECT  |
| -  | FIRST PRESE     | NTATI    | ON OF MI                                      | ATTIPLE DE   | PEN    | DENT CLAIM  |                  |       |              | <del>                                     </del> | 1      |            |                        | 0     |
|  |                 |          |   |              |        |   |                  |       | TOTA         |  | OR     | TOTAL      | <b>—</b>               | ł     |
|  |                 | (Co      | tumn 1)                                       |              | "      | >olumn 2)   | (Cotumn 3)       |       | ADDIT. FE    | E <b>L</b>                                       | OR     | ADDIT. FEE |                        | 1     |
| AMENDMENT B  | 10/7/05         | REI      | LAIMS<br>MAINING<br>IFTER<br>NOMENT           |              | PI     | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR              | PRESENT<br>EXTRA |       | PATE         | ADDI-<br>TIONAL<br>FEE                           |        | RATE       | ADDI-<br>TIONAL<br>FEE |       |
|  | Total           | •        | 16  | Minus        |        | 20  | . —              |       |              |  | OR     |            |                        |       |
|  | Independent     | •        | 3   | Minus        | 44     | 3   | · — .            |       |              | <del>                                     </del> |        |            | 1                      |       |
| 4  | FIRST PRESE     | NTATI    | ON OF MI                                      | JUTIPLE DE   | PEN    | DENT CLAIM  |                  |       | •            | <del> </del>                                     | OR     | ~          | <u> </u>               |       |
|  | 1 1             |          |   | •            |        |   |                  |       | TOTA         |  | OR     | TOTAL      |                        |       |
|  | 412-104         |          |   |              |        |   | ADDIT. FEE       |       |              | OR ADDIT, FEE                                    |        |            |                        |       |
| AMENDMENTC   |                 | REI<br>A | lumn 1)<br>Laims<br>Maining<br>Fter<br>Noment | ·            | PI     | zolumn 2)<br>Righest<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT EXTRA    |       | RATE         | ADDI-<br>TIONAL                                  |        | RATE       | ADDI-<br>TIONAL        | -     |
| OSME   | Total           | AME      | 6   | Minus        |        | 200   | -00              | ı     |              | FEE  |        | د.ح        | _FEE_                  |       |
| AC S   | Independent     |          | <u> </u>                                      | Minus        |        | 3   | - (%)            |       |              |  | OR     | 50         | Ø                      |       |
| ₹  | FIRST PRESE     | NTATI    | ON OF MI                                      | JETIPLE DE   | PEN    | DENT CLAIM  |                  |       |              | <b> </b>   | OR     | 000        | Ø                      |       |
| OR   |                 |          |   |              |        |   |                  |       |              |  |        |            |                        |       |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  "If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  TOTAL  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE |                 |          |   |              |        |   |                  |       |              |  | \$     |            |                        |       |
|  | The Tighest Num | ber Pre  | Mously Pai                                    | For (Total o | r inde | pendent) is the   | highest numbe    | r fou | nd in the al | propriate box                                    |        |            |                        |       |
|  | P10-418         |          |   | -            | -      | <del></del>   |                  | Pete  | nt and Trade | mark Office, U                                   | A. DER | ARTURNT OF | OOMMEROE               |       |

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